



Request For Variance

State Form 51184 (12/02)

Food Protection Program

INDIANA STATE DEPARTMENT OF HEALTH

Telephone: 317/233-7360

FAX: 317/233-7334

1. Individual Submitting Request:

Date: ____/____/____

Name: _____ Telephone: () _____ Fax: () _____

Mailing Address: _____
Number & Street

P.O. Box _____ City _____ State _____ Zip Code _____

2. Person/Organization Seeking Variance:

Name: _____ Email: _____

Mailing Address: _____
Number & Street

P.O. Box _____ City _____ State _____ Zip Code _____

3. Food Establishment(s) for Which Variance is Sought

Include the following information for each food establishment: (List here or attach additional pages if necessary)

- Physical Location (If different than mailing address): _____
- Mailing Address: _____
(Number, Street, City, State, & Zip Code)
- Telephone Number: () _____ Fax Number: () _____
- Person at each retail food establishment most responsible for supervising: _____

4. State how the proposal varies from each rule requirement, citing relevant rule sections by number:

(Attach additional pages if necessary)

5. Explain how the potential public health hazards and/or nuisances will be alternatively addressed by the proposal. Include supporting studies, Hazard Analysis Critical Control Point (HACCP) Plan(s), standard sanitation operating procedures, and/or any other evidence: (Attach additional pages, if necessary.)

6. List how the proposal demonstrates the following (if applicable to the request):

A) How the proposal differs from what is common and usual in similar industry situations:

B) How the proposal is unique and not addressed in existing rules or law:

C) How the proposal does not diminish the protection of public health:

D) How the proposal is based on new scientific or technological principle(s):

E) How the implementation of the variance would be practical:

7. Explain how the person/organization seeking the variance will assure that all provisions of a granted variance will be enacted at each food establishment for which a variance has been granted:

8. List all affected parties known by the person/organization seeking a variance, including all affected regulatory authorities: (Attach additional pages if necessary)

9. Attach copies of any related variances, waivers or opinions issued by other governmental agencies.

10. Signature of Individual Making Request: _____

Printed Name, Title: _____

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